725 KNAPP S	TREET
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CHETEK	54728	Phone: (715) 924-4891		Ownership:	City
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Cor	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/03):	99	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/03):	99	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	L/03:	90	Average Daily Census:	90

Services Provided to Non-Residents		Age, Gender, and Primary Di	_		(12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care	No	 Primary Diagnosis		Age Groups	용		18.9	
Supp. Home Care-Personal Care	No					1 - 4 Years	42.2	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.2		32.2	
Day Services	No	Mental Illness (Org./Psy)	51.1	65 - 74	12.2			
Respite Care	No	Mental Illness (Other)	1.1	75 - 84	27.8		93.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.6	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	1.1	95 & Over	12.2	Full-Time Equivalent		
Congregate Meals Yes		Cancer	1.1			- Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	2.2		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	7.8	65 & Over	97.8			
Transportation	No	Cerebrovascular	5.6			RNs	12.2	
Referral Service	No	Diabetes	5.6	Gender	8	LPNs	4.7	
Other Services	No	Respiratory	4.4			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.0	Male	27.8	Aides, & Orderlies	42.7	
Mentally Ill	No			Female	72.2	I		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No	l			100.0			
1 3 3	No		100.0	, 			de de de de de de de de	

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		:	Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.4	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	0	0.0	0	59	85.5	112	0	0.0	0	19	90.5	116	0	0.0	0	0	0.0	0	78	86.7
Intermediate				9	13.0	92	0	0.0	0	2	9.5	116	0	0.0	0	0	0.0	0	11	12.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		69	100.0		0	0.0		21	100.0		0	0.0		0	0.0		90	100.0

KNAPP HAVEN

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	nd Activities as of 12/	31/03
Deaths During Reporting Period					0 11		
			_		% Needing		Total
Percent Admissions from:	- 1	Activities of	용		sistance of		Number of
Private Home/No Home Health		2 2 , ,	-	One	e Or Two Staff	- <u>+</u>	Residents
Private Home/With Home Health	0.0	Bathing	1.1		45.6	53.3	90
Other Nursing Homes	19.5	Dressing	8.9		73.3	17.8	90
Acute Care Hospitals	56.1	Transferring	31.1		53.3	15.6	90
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.3		53.3	23.3	90
Rehabilitation Hospitals	0.0	Eating	48.9		34.4	16.7	90
Other Locations	4.9	******	*****	****	*****	*****	*****
Total Number of Admissions	41	Continence		용	Special Treatmen	ıts	8
Percent Discharges To:		Indwelling Or Extern	al Catheter	5.6	Receiving Resp	iratory Care	6.7
Private Home/No Home Health	9.5	Occ/Freq. Incontinen	t of Bladder	53.3	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	14.3	Occ/Freq. Incontinen	t of Bowel	23.3	Receiving Suct	ioning	0.0
Other Nursing Homes	2.4	<u>-</u>			Receiving Osto	omy Care	3.3
Acute Care Hospitals	28.6	Mobility			Receiving Tube	: Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	5.6	Receiving Mech	nanically Altered Diets	35.6
Rehabilitation Hospitals	0.0				_	_	
Other Locations	2.4	Skin Care			Other Resident C	Characteristics	
Deaths	42.9	With Pressure Sores		3.3	Have Advance I	irectives	78.9
Total Number of Discharges	i	With Rashes		5.6	Medications		
(Including Deaths)	42				Receiving Psvo	choactive Drugs	46.7

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	ଚ	Ratio	ଧ	Ratio	ଚ	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.9	88.1	1.03	88.0	1.03	88.1	1.03	87.4	1.04
Current Residents from In-County	83.3	55.3	1.51	72.9	1.14	69.7	1.20	76.7	1.09
Admissions from In-County, Still Residing	46.3	26.8	1.73	20.1	2.30	21.4	2.16	19.6	2.36
Admissions/Average Daily Census	45.6	57.4	0.79	129.5	0.35	109.6	0.42	141.3	0.32
Discharges/Average Daily Census	46.7	59.7	0.78	130.3	0.36	111.3	0.42	142.5	0.33
Discharges To Private Residence/Average Daily Census	11.1	17.8	0.63	52.2	0.21	42.9	0.26	61.6	0.18
Residents Receiving Skilled Care	87.8	85.9	1.02	93.7	0.94	92.4	0.95	88.1	1.00
Residents Aged 65 and Older	97.8	88.5	1.11	94.2	1.04	93.1	1.05	87.8	1.11
Title 19 (Medicaid) Funded Residents	76.7	76.4	1.00	66.3	1.16	68.8	1.11	65.9	1.16
Private Pay Funded Residents	23.3	18.1	1.29	21.6	1.08	20.5	1.14	21.0	1.11
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	52.2	47.1	1.11	36.2	1.44	38.2	1.37	33.6	1.55
General Medical Service Residents	20.0	21.1	0.95	21.5	0.93	21.9	0.91	20.6	0.97
Impaired ADL (Mean)	51.6	44.7	1.15	48.4	1.06	48.0	1.07	49.4	1.04
Psychological Problems	46.7	62.8	0.74	53.4	0.87	54.9	0.85	57.4	0.81
Nursing Care Required (Mean)	6.9	7.8	0.89	6.9	1.00	7.3	0.95	7.3	0.95